

Statement of the American Dental Association Regarding
HB 5355: An Act Concerning An Advanced Dental Hygiene Practice Pilot Program
Human Services Committee
Tuesday, March 2, 2010

The American Dental Association (ADA) is gratified by the attention access to oral health care is receiving in Connecticut and across the nation. For too long, this essential health need has been sidelined by a lack of resources, a lack of attention and a lack of concern. While there is no single solution to the myriad issues that create these problems, we do know that proper financing of Medicaid and SCHIP dramatically increases access to care and therefore applaud the significant progress lawmakers instituted in 2008 to increase funding for dental Medicaid services.

The ADA welcomes the appropriate expansion of services by dental assistants as one approach to the access problem. Appropriately educated and trained dental assistants are proven assets to the dental team and help dentists to deliver care more efficiently, permitting more people to receive the comprehensive oral health care they deserve. However, the ADA cannot support any call for the development of an "advanced" dental hygiene position that would work ostensibly without the involvement of a dentist. Further, some proposals make a grave error by attempting to establish education programs that are not accredited by the Commission on Dental Accreditation (CODA) which is the recognized accrediting body for dental, advanced dental and allied dental programs across the nation.

Dentists are Charged with Leadership of and Responsibility for the Dental Team

The professional practice of dentistry is premised on the safe and effective delivery of comprehensive dental care. To achieve that comprehensive care and to increase the profession's capacity to provide care in the most safe and cost-effective manner, organized dentistry promotes the dental team concept. The dental team is predicated upon the dentist being professionally responsible for patient care. By virtue of their comprehensive and broad-based education, only a dentist is in a position to be the leader of the dental team and to guide the work of allied dental personnel.

This advanced education generally comprised of eight years of study – usually four years of college followed by four years of post-graduate dental education. The scope and depth of the dental school courses are at the graduate level. Upon completion of dental school, dentists are competent to assume responsibility for managing the comprehensive oral health care of their patients at all levels of complexity.

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A Pilot Project with a Forgone Conclusion

One of the most troubling aspects of this legislation is that it may appear to some that the outcome of the pilot has been preordained by the framework of the process. The Commission of Social Services is charged with reporting to the General Assembly no later than January 1, 2012 concerning the results of the pilot. That time frame does not provide the Commissioner with the opportunity to have done any real study of the program as by that time it will be virtually impossible to have any graduates in the field treating patients.

Within the framework of the legislation, a person working within the "advanced dental hygiene practitioner" pilot would be required to have graduated from a master's degree program in advanced dental hygiene practice. At this time, no such program exists in the state of Connecticut, anywhere in New England or along the eastern seaboard. Even if a program were established that enrolled students in the fall 2010 semester, a typical master's degree program lasts at least eighteen months. That wouldn't allow graduates of the program to begin participating in the pilot until at January, 2012 at the earliest. One may reasonably question how the Commissioner could assess the outcomes and efficacy of a pilot program that would not have any eligible participants until after the report is due. There is no possibility that a report of that nature would be able to draw any creditable conclusions.

The Commission on Dental Accreditation

The Commission on Dental Accreditation (CODA) is the only agency recognized by the U.S. Department of Education as the accrediting body for pre-doctoral dental education, advanced general dentistry and specialty education, as well as dental hygiene, dental assisting, and dental laboratory education programs. The Commission is a 30-member body with representation from the ADA, the American Dental Education Association and the American Association of Dental Examiners, as well as the American Dental Hygienists Association, American Dental Assistants Association, Postdoctoral General Dentistry, Recognized Dental Specialties, National Association of Dental Laboratories, the general public and students.

The Commission is comprised of dental professionals and allied dental professionals, and has a majority of non-ADA representatives. Only four of the Commission's 30 members are appointed by the ADA. In addition, each organization representing allied dental professionals has a member on the Commission and there are four consumer representatives.

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The Accrediting Body for All Dental Education Programs

Some recent legislative proposals obfuscate the tested role of CODA. Already a majority of states designate the Commission as the accrediting body for dental hygiene programs. Any legislative proposal that would include CODA as a potential means of program accreditation, not as the authoritative accrediting body, does a disservice to the proven system of quality assurance for program standards the public relies on. CODA's role is further dismissed in that the dental hygiene practitioner curriculum mandates competencies adopted unilaterally by the American Dental Hygienist's Association (ADHA) – the proponents of the ill-conceived model in question.

Necessarily, accreditation standards have a strong influence on the preparation of individuals for practice, including scope of practice and the credential required for entry into the occupation. Any change in these standards could affect workforce situations, resulting in possible shortages in certain disciplines which could adversely affect the public health. The ADA believes educational standards and accreditation (or approval process) should not be used as a means of political control. Rather, they should guarantee the highest standards necessary to ensure the competency of practitioners and protect the health of the public. The ADA believes CODA has and is fulfilling that role and would urge lawmakers to reject any attempts to circumvent the established system of accreditation that has, and continues to, serve the public well.

